## 

Fill	in this information to ic	dentify your ca	ase:							
Del	btor 1 V	Villiam D. B	ucci			_				
	btor 2					_				
Uni	ited States Bankruptcy	Court for the	EASTERN DISTRICT	OF PENNSYLVANIA						
Ca	se number 17-12	216					Check if this	is:		
(If kı	nown)			-			■ An amen	ded filing		
									ing postpetition following date:	chapter
0	fficial Form 1	<u>061</u>					MM / DD	YYYY		
S	chedule I: Y	our Inc	ome							12/1
spo atta	use. If you are separa ch a separate sheet t	ated and you	are married and not filli r spouse is not filing wi On the top of any additi	th you, do not includ	le infori	mati	on about your s	pouse. If r	nore space is r	needed,
1.	Fill in your employment									
	information.			Debtor 1			_	Debtor 2 or non-filing spouse		
	If you have more that attach a separate pa		Employment status	☐ Employed			■ Em	ployed		
	information about ac	•		Not employed			☐ Not	employed		
	employers.		Occupation				unem	ployed		
	Include part-time, se self-employed work.	asonal, or	Employer's name							
	Occupation may incl or homemaker, if it a		Employer's address							
			How long employed to	here?						
Pai	ft 2: Give Detail	ls About Mor	thly Income							
	mate monthly incom use unless you are sep		ate you file this form. If	you have nothing to re	port for	any	line, write \$0 in tl	ne space. I	nclude your non	n-filing
	ou or your non-filing sp e space, attach a sepa		ore than one employer, co	ombine the information	for all e	empl	oyers for that per	son on the	lines below. If y	ou need
							For Debtor 1		ebtor 2 or iling spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	0.00	<u> </u>	0.00	
3.	Estimate and list m	onthly overt	me pay.		3.	+\$	0.00	+\$	0.00	

0.00

\$

0.00

Calculate gross Income. Add line 2 + line 3.

Deb	otor 1	William D. Bucci		Case	number (if kno	own)	17-12	2216		
				For	Debtor 1			Debtor		
	Cop	y line 4 here	4.	\$	0.	.00	\$	<b>J</b> •	0.00	
5.	List	all payroll deductions:								
٠.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0	.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$-		.00	\$_		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$_		.00	\$_		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$-		.00	\$_		0.00	
	5e.	Insurance	5e.	\$_		.00	\$_		0.00	
	5f.	Domestic support obligations	5f.	\$		.00	\$		0.00	
	5g.	Union dues	5g.	\$		.00	\$		0.00	
	5h.	Other deductions. Specify:	5h.⊣	۰ \$			+ \$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.	.00	\$		0.00	
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	0.	.00	\$		0.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		_						
		monthly net income.	8a.	\$_		.00	\$		0.00	
	8b.	Interest and dividends	8b.	\$	0.	.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0	.00	\$		0.00	
	8d.	Unemployment compensation	8d.	\$	0.	.00	\$		0.00	
	8e.	Social Security	8e.	\$	0.	.00	\$		0.00	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income Other monthly income. Specify: girlfriendle contribution	8f. 8g. 8h.⊦	\$_ \$_ + \$	0.	.00	\$ \$ + \$		0.00	
	OII.	Other monthly income. Specify: girlfriend's contribution	_ 011.5	-Ψ_	700	.00	+ \$_		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	700	.00	\$		0.00	
10.	Calo	culate monthly income. Add line 7 + line 9.	10. \$		700.00	+ \$		0.00	= \$	700.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Ľ							
11.	Inclu othe Do r	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not acify:	depen		•			Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						12.	\$	700.00
									Combine	
13.	Do y	you expect an increase or decrease within the year after you file this form No.  Yes. Explain:	?							

Official Form 106I Schedule I: Your Income page 2

Fill	in this informa	ation to identify yo	our case:					
Deb	tor 1	William D. B	ucci			Che	ck if this is: An amended filing	
1	tor 2 ouse, if filing)						A supplement show 13 expenses as of	wing postpetition chapter the following date:
Unit	ed States Bank	ruptcy Court for the	: EASTE	RN DISTRICT OF PENNS	YLVANIA		MM / DD / YYYY	
1	e number 17	7-12216						
		orm 106J • <b>J: Your</b> I	Evnon	nege				12/1
Be info	as complete ormation. If m	and accurate as	possible.	If two married people ar				or supplying correct
Par 1.	t 1: Desci	ribe Your House	hold					
	■ No. Go to	o line 2. es Debtor 2 live i	in a separa	ate household?				
	ΠY	es. Debtor 2 mus	st file Officia	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.		☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents							□ No □ Yes □ No □ Yes □ No □ Yes □ No □ Yes □ No
3.	expenses o	penses include of people other the d your depende	han _	No Yes				☐ Yes
Est	imate your ex	a date after the b	our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the		h assistance an		government assistance it luded it on <i>Schedule I:</i> Y			Your exp	enses
4.		or home owners		ses for your residence. In	nclude first mortgage	e 4. \$	\$	0.00
	If not include	ded in line 4:						
		estate taxes				4a. \$	·	0.00
	•	erty, homeowner's e maintenance, re				4b. 5 4c. 5	· -	0.00
	4d. Home	owner's associat	ion or cond	dominium dues		4d. \$	\$	0.00
5.	Additional I	mortgage payme	ents for yo	our residence, such as ho	me equity loans	5. \$	\$	0.00

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Debtor 1 William D. Bucci	Case number (if kn	own) 17-12216
6. Utilities:		
6a. Electricity, heat, natural gas	6a. \$	155.00
6b. Water, sewer, garbage collection	6b. \$	60.00
6c. Telephone, cell phone, Internet, satellite, and cable se		0.00
6d. Other. Specify:	6d. \$	0.00
7. Food and housekeeping supplies	7. \$	0.00
3. Childcare and children's education costs	7. \$ 8. \$	
	9. \$	0.00
Clothing, laundry, and dry cleaning		10.00
Personal care products and services	10. \$	0.00
1. Medical and dental expenses	11. \$	0.00
2. <b>Transportation.</b> Include gas, maintenance, bus or train fare	12. \$	0.00
Do not include car payments.		
3. Entertainment, clubs, recreation, newspapers, magazine		0.00
4. Charitable contributions and religious donations	14. \$	50.00
5. Insurance.	d in lines 4 on 00	
Do not include insurance deducted from your pay or included		0.00
15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	225.00
15d. Other insurance. Specify:	15d. \$	0.00
<ol><li>Taxes. Do not include taxes deducted from your pay or include.</li></ol>		
Specify:	16. \$	0.00
7. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a. \$	0.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00
3. Your payments of alimony, maintenance, and support th	at you did not report as	
deducted from your pay on line 5, Schedule I, Your Inco.	me (Official Form 106I). 18. \$	0.00
<ol><li>Other payments you make to support others who do not</li></ol>	live with you. \$	0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5	of this form or on Schedule I: Your Inco	me.
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
Other: Specify:	21 ±\$	0.00
	Σ1. 1Ψ	0.00
2. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	500.00
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from	om Official Form 106J-2	
22c. Add line 22a and 22b. The result is your monthly exper	_	500.00
220. Add line 22d and 22b. The result is your monthly expen	, oos.	300.00
3. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from So	chedule I. 23a. \$	700.00
23b. Copy your monthly expenses from line 22c above.	23b\$	500.00
, , , , , , , , , , , , , , , , , , , ,		
23c. Subtract your monthly expenses from your monthly in	come.	
The result is your <i>monthly net income</i> .	23c. \$	200.00
4. Do you expect an increase or decrease in your expenses	s within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the		to increase or decrease because of
modification to the terms of your mortgage?		
■ No.		
☐ Yes. Explain here:		